



Report to the Chairman, Subcommittee
on Oversight & Investigations,
Committee on Veterans' Affairs, House
of Representatives

March 2016

VA HEALTH CARE

Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care

GAO Highlights

Highlights of [GAO-16-328](#), a report to the Chairman, Subcommittee on Oversight & Investigations, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Primary care services are often the entry point for veterans needing care, and VHA has faced a growing demand for outpatient primary care services over the past decade. On average, 380,000 veterans were newly enrolled in VHA's health care system each year in the last decade.

GAO was asked to examine VHA's efforts to provide timely access to primary care services. This report examines, among other things, (1) newly enrolled veterans' access to primary care and (2) VHA's related oversight. GAO interviewed officials from six VA medical centers selected to provide variation in factors such as geographic location, clinical services offered, and average primary care wait times; reviewed a randomly selected, non-generalizable sample of medical records for 180 newly enrolled veterans; and interviewed VHA and medical center officials on oversight of access to primary care. GAO evaluated VHA's oversight against relevant federal standards for internal control.

What GAO Recommends

GAO recommends that VHA (1) ensure veterans requesting appointments are contacted in a timely manner to schedule one; (2) monitor the full amount of time newly enrolled veterans wait to receive primary care; and (3) issue an updated scheduling policy. VA concurred with all of GAO's recommendations and identified actions it is taking to implement them.

View [GAO-16-328](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

March 2016

VA HEALTH CARE

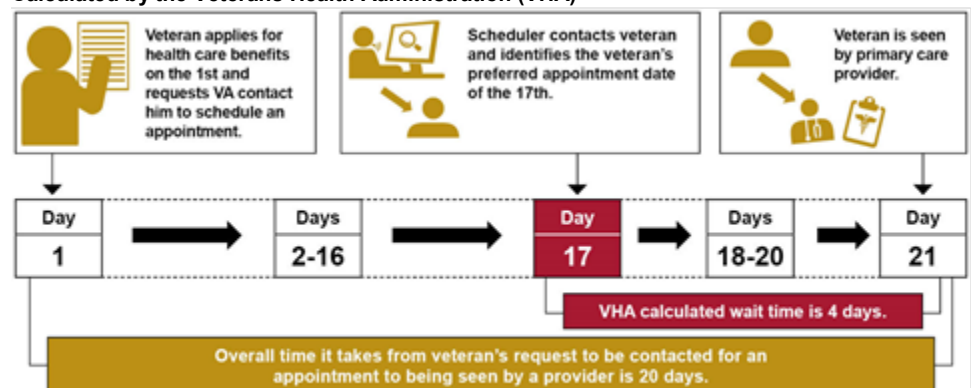
Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care

What GAO Found

GAO found that not all newly enrolled veterans were able to access primary care from the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA), and others experienced wide variation in the amount of time they waited for care. Sixty of the 180 newly enrolled veterans in GAO's review had not been seen by providers at the time of the review; nearly half were unable to access primary care because VA medical center staff did not schedule appointments for these veterans in accordance with VHA policy. The 120 newly enrolled veterans in GAO's review who were seen by providers waited from 22 days to 71 days from their requests that VA contact them to schedule appointments to when they were seen, according to GAO's analysis. These time frames were impacted by limited appointment availability and weaknesses in medical center scheduling practices, which contributed to unnecessary delays.

VHA's oversight of veterans' access to primary care is hindered, in part, by data weaknesses and the lack of a comprehensive scheduling policy. This is inconsistent with federal internal control standards, which call for agencies to have reliable data and effective policies to achieve their objectives. For newly enrolled veterans, VHA calculates primary care appointment wait times starting from the veterans' preferred dates (the dates veterans want to be seen), rather than the dates veterans initially requested VA contact them to schedule appointments. Therefore, these data do not capture the time these veterans wait prior to being contacted by schedulers, making it difficult for officials to identify and remedy scheduling problems that arise prior to making contact with veterans. Further, ongoing scheduling errors, such as incorrectly revising preferred dates when rescheduling appointments, understated the amount of time veterans waited to see providers. Officials attributed these errors to confusion by schedulers, resulting from the lack of an updated standardized scheduling policy. These errors continue to affect the reliability of wait-time data used for oversight, which makes it more difficult to effectively oversee newly enrolled veterans' access to primary care.

Illustration of How the Time It Takes a Veteran to See a Provider May Differ from the Wait Time Calculated by the Veterans Health Administration (VHA)



Sources: VHA (information); GAO (illustration). | GAO-16-328

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Abbreviations

Choice Act	Veterans Access, Choice, and Accountability Act of 2014
NEAR	New Enrollee Appointment Request
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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March 18, 2016

The Honorable Mike Coffman
Chairman
Subcommittee on Oversight & Investigations
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Chairman:

The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), operates one of the nation's largest health care systems. It provided care to about 6.6 million veterans in fiscal year 2014 and spent about \$58 billion for their care in that year. Primary care services are often the entry point to the VHA health care system for veterans, including an aging veteran population and a growing number of younger veterans returning from military operations in Afghanistan and Iraq. Over the past decade, VHA has faced a growing demand for outpatient primary care services. From fiscal years 2005 through 2014, the number of annual outpatient primary care medical appointments VHA provided through its medical facilities increased by 17 percent, from approximately 10.2 million to 11.9 million. Each year over that period, an average of 380,000 veterans were newly enrolled in VHA's health care system. In fiscal year 2014, VHA provided about 730,000 primary care appointments for new patients—appointments for those patients who have not been seen in a primary care clinic in the past 24 months, including those who are newly enrolled.

Access to timely primary care medical appointments is critical to ensuring that veterans obtain needed medical care, because primary care is a gateway to obtaining other VHA health care services, including specialty care. When veterans need specialty care—such as cardiology or gastroenterology—they are typically referred to a specialist by their primary care provider, and each veteran's primary care team manages and coordinates the needed care.¹ Veterans may obtain primary care

¹VHA provides primary care services through patient aligned care teams consisting of a primary care provider and support staff—a nurse care manager, clinical associate, and administrative clerk.

services at VHA's medical facilities, which include 167 medical centers and more than 800 community-based outpatient clinics.² Responsibility for ensuring timely access to primary care rests with 20 regional Veterans Integrated Service Networks (VISN), which oversee the medical centers, and with VHA's central office, which oversees the entire VA health care system.³

In recent years, we and others have expressed concerns about VHA's ability to effectively oversee timely access to health care for veterans, and the failure to provide timely access to care, which, in some cases, reportedly has resulted in harm to veterans.⁴ Our prior work on VHA's oversight of primary and specialty care found VHA did not have adequate data and oversight mechanisms in place to ensure veterans receive timely care. For example, since 2012, we have issued several reports recommending that VA improve appointment scheduling, ensure the reliability of wait-time and other performance data, and improve oversight to ensure VA medical centers provide veterans with timely access to outpatient primary and specialty care, as well as mental health care. (See app. I for the status of those recommendations.) Based on these serious concerns about VA's management and oversight of its health care system, we have concluded that VA health care is a high-risk area and, in

²VA medical centers manage primary care clinics located within their respective medical centers and any associated community-based outpatient clinics, which also provide primary care and general mental health services on site.

³VHA is in the process of consolidating some of its VISNs, and plans to have a total of 18 VISNs by the end of fiscal year 2017.

⁴See, for example, *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement*, [GAO-13-130](#) (Washington, D.C.: Dec. 21, 2012); GAO, *VA Health Care: Management and Oversight of Consult Process Need Improvement to Help Ensure Veterans Receive Timely Outpatient Specialty Care*, [GAO-14-808](#) (Washington, D.C.: Sept. 30, 2014); GAO, *Primary Care: Improved Oversight Needed to Better Ensure Timely Access and Efficient Delivery of Care*, [GAO-16-83](#) (Washington, D.C.: Oct. 8, 2015); and GAO, *VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed*, [GAO-16-24](#) (Washington, D.C.: Oct. 28, 2015). See also: Department of Veterans Affairs, Office of Inspector General, *Healthcare Inspection: Gastroenterology Consult Delays, William Jennings Bryan Dorn VA Medical Center, Columbia, South Carolina*, Report No. 12-04631-313 (Washington, D.C.: Sept. 6, 2013); Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration, Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System*, Report No. 14-02603-267 (Washington, D.C.: Aug. 26, 2014); and Department of Veterans Affairs, *Access Audit, System-Wide Review of Access, Results of Access Audit Conducted May 12, 2014, through June 3, 2014*.

2015, added it to GAO's High Risk List.⁵ To help improve timely access to health care, Congress passed the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act), which provided veterans facing long waits or lengthy travel distances the opportunity to obtain care from providers (non-VA) in the community.⁶

You asked us to examine VHA's efforts to provide timely access to primary care services. This report examines

1. the extent to which newly enrolled veterans access primary care in a timely manner;
2. the extent to which veterans access follow-up primary care in a timely manner;
3. the extent to which VHA provides oversight of veterans' access to primary care; and
4. recent VHA efforts to help improve veterans' timely access to primary care.

To examine the extent to which newly enrolled veterans access primary care in a timely manner, we reviewed relevant VHA and VA medical center documents, such as health care enrollment and appointment scheduling policies. Additionally, we interviewed officials from VA's Health Eligibility Center, VHA central office—VHA's Health Resource Center, Office of Primary Care, and Access and Clinical Administration Program—and six VA medical centers about policies and guidance for scheduling newly enrolled veterans for outpatient primary care appointments.⁷ These medical centers were: VA Central Western Massachusetts Healthcare System (Leeds, Massachusetts); Tennessee Valley Healthcare System (Nashville, Tennessee); Fayetteville VA Medical Center (Fayetteville, North Carolina); Ralph H. Johnson VA Medical Center (Charleston, South Carolina); VA Eastern Kansas Health

⁵GAO, *High Risk Series: An Update*, [GAO-15-290](#), (Washington, D.C.: Feb. 11, 2015).

⁶Pub. L. No. 113-146, 128 Stat. 1754 (2014).

⁷VA's Health Eligibility Center serves as the national service center for enrollment and eligibility activities for health care benefits. The Health Eligibility Center provides centralized eligibility verification and enrollment processing services, including providing guidance to VA medical centers. VHA's Health Resource Center is a national call center that provides customer service and support to veterans, caregivers, and the general public.

Care System (Leavenworth, Kansas); and VA San Diego Healthcare System (San Diego, California).⁸ We selected the six medical centers for variation in (1) average time new patients were waiting for primary care based on appointment wait-time data published on VA's public website, (2) facility complexity, and (3) geographic location.⁹ Although our previous work, as well as that of the VA Office of Inspector General, has shown that the VHA wait-time data are unreliable and prone to errors and interpretation, through interviews with VHA officials knowledgeable about the wait-time data, we determined that these data were sufficiently reliable for our use in selecting individual medical centers to include in our review.¹⁰ We also interviewed officials from each of the VISNs responsible for oversight of these medical centers. We also obtained the perspectives of VHA, VISN, and VA medical center officials about issues such as challenges to veterans' access to primary care appointments and potential solutions for improving access.

Further, for each of the six VA medical centers included in our review, we obtained a list of veterans who, between October 1, 2014, and March 31, 2015, requested on their enrollment applications that VA contact them to schedule medical appointments. From this list, we selected a sample of 60 veterans, each of whom had not yet been seen by a primary care provider, 10 randomly selected from each of the six medical centers. We also selected a sample of 120 veterans who each were seen by a primary care provider, 20 randomly selected from each medical center included in our review. We examined the medical records for each of these 180 veterans to determine the history of actions taken to schedule appointments, such as dates the appointments were scheduled; dates veterans were seen by primary care providers, if applicable; and whether initially scheduled appointments were canceled, and if so, whether and when they were rescheduled. We also obtained information on the dates

⁸Some VA medical centers are part of health care systems that include more than one medical center. We will refer to both individual VA medical centers and health care systems as VA medical centers throughout this report. For purposes of this report, references to VA medical centers also include the associated community-based outpatient clinics.

⁹VHA categorizes medical centers according to complexity level, which is determined on the basis of the characteristics of the patient population, clinical services offered, educational and research missions, and administrative complexity.

¹⁰See [GAO-14-808](#), [GAO-13-130](#), and Department of Veterans Affairs, Office of Inspector General, Report No. 14-02603-267.

each of the six medical centers contacted veterans to schedule appointments. For those veterans who had been seen by providers, we calculated the amount of time it took from the dates the veterans requested on their enrollment applications that VA contact them to schedule appointments until their appointment dates, and compared those time frames to the amount of time reflected in the medical centers' scheduling systems. For those veterans who had not been seen by providers at the time of our review, we interviewed medical center officials to identify reasons why they were not seen. We used the results of our analyses to determine whether the medical centers were contacting veterans and scheduling appointments according to VHA policies.

To examine the extent to which veterans access follow-up primary care in a timely manner, we reviewed relevant VHA and VA medical center documents, and interviewed officials from VHA's central office, and the six medical centers in our review regarding the policies and procedures for scheduling follow-up outpatient appointments. For each of the six medical centers, we obtained a list of veterans who saw primary care providers for follow-up appointments in June 2015. From that information, we selected a sample of 60 veterans, 10 randomly selected from each of the six medical centers. We examined the medical records of these 60 veterans to determine whether a VHA provider had instructed veterans to return for follow-up appointments, and if so, the time frames for scheduling the return visits. We then reviewed the history of actions taken to schedule each of the follow-up appointments to determine whether the appointments were scheduled according to both VHA policies and the providers' instructions, and if not, the factors that affected timely scheduling. The results from our work at six medical centers, including our medical record reviews of 240 veterans—180 newly enrolled and 60 who saw providers for follow-up primary care appointments—cannot be generalized to all veterans at the medical centers in our review, or to other medical centers.

To determine the extent to which VHA provides oversight of veterans' access to primary care, we reviewed documents, including national VHA and local medical center appointment scheduling policies. Additionally, we interviewed officials from VHA central office and the six VISNs and medical centers in our review about their oversight efforts. As part of our review, we also reviewed the key mechanisms that officials told us they were using to conduct oversight of veterans' access to primary care, including the key measures they were using to monitor the timeliness of appointments. We evaluated VHA's mechanisms for overseeing veterans'

access to primary care against the federal internal control standards related to control activities, information, and monitoring.¹¹

To identify recent VHA efforts to improve veterans' timely access to primary care, we reviewed provisions of the Choice Act intended to enhance veterans' access to care, as well as relevant documents from VHA and medical centers in our review that outline steps taken to enhance or improve veterans' access to primary care appointments. We also interviewed officials from VHA central office and our selected VISNs and medical centers to obtain their perspectives on the impact of the Choice Act on veterans' access to primary care, as well as other efforts underway to help ensure veterans' timely access to primary care.

We conducted this performance audit from January 2015 to March 2016 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Enrolling for VHA Health Care Benefits

VHA offers eligible veterans a standard medical benefits package, including primary care. To receive these health care benefits, veterans must first complete VA's enrollment application—the 1010 EZ—and submit it online, in person, by mail, or by fax to a VA medical center or VA's Health Eligibility Center. Health Eligibility Center officials query several VA and Department of Defense databases to verify veterans' eligibility for benefits and share this information with the applicable medical centers. If the Health Eligibility Center cannot make a determination as to veterans' eligibility, officials notify veterans' local medical centers to take further action, such as requesting additional documentation of military service records. The Health Eligibility Center

¹¹See GAO, *Standards for Internal Control in the Federal Government* [GAO/AIMD-00-23.3.1](#) (Washington, D.C.: Nov. 1999). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

sends a letter to each veteran once it has made an eligibility determination with the decision and a description of benefits.

Scheduling Appointments for Newly Enrolled Veterans

Veterans requesting on their enrollment applications that VA contact them to schedule appointments, if eligible, are to be placed on VHA's New Enrollee Appointment Request (NEAR) list. (See fig.1 for an illustration of how newly enrolling veterans request on their enrollment applications that VA contact them to schedule appointments.) The NEAR list is intended to help VA medical centers track newly enrolled veterans needing appointments. It includes information regarding the medical center at which the veteran wants to be seen, contact information for the veteran, and whether the veteran is waiting to be contacted to schedule an appointment. If a veteran submits an application in person, medical center staff may schedule an appointment for the veteran at that time. Once the appointment is scheduled, the request is considered "filled" and the veteran's name is removed from the NEAR list.

Figure 1: Illustration of How Newly Enrolling Veterans Request on Their Applications for Health Benefits That the Department of Veterans Affairs (VA) Contact Them to Schedule Appointments

Department of Veterans Affairs **APPLICATION FOR HEALTH BENEFITS**

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME (Last, First, Middle Name) 2. MOTHER'S MAIDEN NAME 3. GENDER
☐ MALE ☐ FEMALE

4. ARE YOU SPANISH, HISPANIC, OR LATINO? ☐ YES ☐ NO 5. WHAT IS YOUR RACE? (You may check more than one. Information is required for statistical purposes only.)
☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ BLACK OR AFRICAN AMERICAN
☐ ASIAN ☐ WHITE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

6. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (mm/dd/yyyy) 7A. PLACE OF BIRTH (City and State)

8. PERMANENT ADDRESS (Street) 8A. CITY 8B. STATE 8C. ZIP CODE

8D. COUNTY 8E. HOME TELEPHONE NUMBER (Include area code) 8F. MOBILE TELEPHONE NUMBER (Include area code)

9G. E-MAIL ADDRESS 9. CURRENT MARITAL STATUS
☐ MARRIED ☐ NEVER MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED

10. I AM ENROLLING TO OBTAIN MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT ☐ YES ☐ NO 11. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? (For listing of facilities visit www.va.gov/directory) 12. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT?
☐ YES ☐ NO

Box 11:
Veterans choose the VA medical center where they would like to receive care.

Box 12:
Veterans use this section to request that VA contact them to schedule appointments. Veterans who check "YES," if eligible, are to be added to the New Enrollee Appointment Request List.

Source: VA. | GAO-16-328

According to VHA policy, as outlined in its July 2014 interim scheduling guidance, VA medical center staff should contact newly enrolled veterans to schedule appointments within 7 days from the date they were placed on the NEAR list.¹² When contacted by the medical center, which may be by phone or letter, each veteran is scheduled for a 60-minute appointment based on the veteran's preferred date—the date the veteran wants to be seen. Schedulers negotiate appointment dates with veterans using the preferred date and appointment availability.

¹²Department of Veterans Affairs, "Rescission of VHA Outpatient Scheduling Policy and Procedures and Interim Guidance," (Washington, D.C.: July 7, 2014). This interim guidance rescinded and replaced VHA Directive 2010-027 Outpatient Scheduling Processes and Procedures (June 9, 2010).

In July 2015, VA's Health Resource Center began implementing a new program called "Welcome to VA." Under this program, Health Resource Center staff located at central call centers are responsible for contacting each newly enrolled veteran within 5 days of the veteran's enrollment date.¹³ Call center staff are to contact each veteran who submits an enrollment application and is determined eligible for health care, regardless of whether the veteran requests to be contacted on the application, to determine whether the veteran wants to schedule an appointment. To make an appointment, Health Resource Center staff are to provide the veteran with the phone number for his or her preferred VA medical center and connect the veteran with a local scheduler. Health Resource Center officials explained that although this program was running concurrently with the NEAR list process at the time of our review, the program will eventually replace the NEAR list process. When fully implemented, which is expected in spring 2016 according to Health Resource Center officials, medical centers would use a list generated by the Health Resource Center to contact veterans who request appointments.

If VA medical center schedulers attempt to schedule appointments for new patients, including newly enrolled veterans, and no appointments are available within 90 days from when veterans would like to be seen, VHA policy requires that veterans be added to the electronic wait list.¹⁴ As appointments become available, schedulers contact veterans on the electronic wait list to schedule their appointments, at which time they are removed from the wait list.

Scheduling Follow-up Appointments for Veterans

According to VHA policy, providers should document clinically appropriate return-to-clinic dates in the veterans' medical records at the end of each appointment.¹⁵ Follow-up appointments requested by providers within 90

¹³According to VA officials, staff are located across the country, including at central call centers in Waco, Texas and Topeka, Kansas, and make approximately 4,300 calls per day for the Welcome to VA program.

¹⁴The electronic wait list is a type of computer software application designed for recording, tracking, and reporting veterans waiting for medical appointments.

¹⁵See Department of Veterans Affairs, "Rescission of VHA Outpatient Scheduling Policy and Procedures and Interim Guidance," (Washington, D.C.: July 7, 2014). See also, Department of Veterans Affairs Memorandum, "CORRECTION: Clarification of VHA Outpatient Scheduling Policies and Procedures and Interim Guidance," (Washington, D.C.: Jun 8, 2015).

days of seeing a veteran should be scheduled before the veteran leaves the clinic. Follow-up appointments requested beyond 90 days are to be entered into the VA medical center's Recall Reminder System. The recall system automatically notifies veterans, of the need to schedule a follow-up appointment.¹⁶ When a veteran receives an appointment reminder, he or she is asked to contact the clinic to make an appointment. Primary care appointments for established patients are generally scheduled for 30 minutes. Schedulers determine the date of each follow-up appointment based on the return-to-clinic date the provider documented in the veteran's medical record.

VHA Wait-Time Measurement

VHA's July 2014 interim scheduling guidance established an appointment wait-time goal of 30 days for new patients based on the date each appointment was created (referred to as the create date) and 30 days for established patients based on each veteran's preferred date. In October 2014, in response to the Choice Act, VHA eliminated the wait-time measure based on create date. It instituted a new wait-time goal of providing appointments for new and established patients not more than 30 days from the date that an appointment is deemed clinically appropriate by a VA health care provider, or if no such determination has been made, the veteran's preferred date.¹⁷

Oversight of Primary Care Access

VHA, VISNs, and VA medical centers each have responsibilities for developing scheduling and wait-time policies for primary care and for monitoring wait-time measures to ensure medical centers are providing timely access. The VHA Director of Access and Clinical Administration and VHA's Chief Business Office have responsibilities for oversight of medical centers' implementation of VHA's enrollment and scheduling policies, including measuring and monitoring ongoing performance. Each VISN is responsible for overseeing the facilities within its designated region, including the oversight of enrollment, scheduling, and wait lists for eligible veterans. Finally, medical center directors are responsible for

¹⁶Patients are entered into the recall/reminder software for the date they are to return to the clinic—which should be identified by the provider—and the software automatically generates correspondence to the patient (post card or letter) 1 or 2 weeks prior to that date to remind the patient to call the clinic and schedule a medical appointment.

¹⁷VHA specified this wait-time goal in the Federal Register. See 79 Fed. Reg. 62519 (Oct. 17, 2014).

ensuring local policies are in place for the timely enrollment of veterans and for the effective operation of their primary care clinics, including affiliated community-based outpatient clinics and ambulatory care centers. In addition, the medical center director is responsible for ensuring that any staff who have access to the appointment scheduling system have completed the required VHA scheduler training.

Not All Newly Enrolled Veterans in Our Review Were Able to Access Primary Care; Others Experienced Wide Variation in the Amount of Time They Waited for Care

Newly Enrolled Veterans Did Not Always Receive Primary Care Appointments Due to Weaknesses in VHA's Appointment Scheduling Process and Other Factors

Our review of medical records for a sample of veterans at six VA medical centers found several problems in medical centers processing veterans' requests that VA contact them to schedule appointments, and thus not all newly enrolled veterans were able to access primary care. For the 60 veterans in our review who had requested care, but had not been seen by primary care providers, we found that 29 did not receive appointments due to the following problems in the appointment scheduling process:

- **Veterans did not appear on NEAR list.** We found that although 17 of the 60 veterans in our review requested that VA contact them to schedule appointments, medical center officials said that schedulers did not contact the veterans because they had not appeared on the NEAR list. Medical center officials were not aware that this problem was occurring, and could not definitively tell us why these veterans never appeared on the NEAR list. For 6 of these veterans, VA medical center officials told us that when they reviewed the medical records at our request, they found that these veterans' requests were likely filled,

in error, by a compensation and pension exam.¹⁸ In these cases, officials had no record that these veterans had appeared on the NEAR list that schedulers used to contact veterans. Officials at one medical center explained that they encourage providers to discuss how to make an appointment with veterans at the end of the compensation and pension exam. For the remaining 11 veterans, after reviewing their medical records, officials were unable to determine why the veterans never appeared on the NEAR list.

- **VA medical center staff did not follow VHA scheduling policy.** We found that VA medical centers did not follow VHA policies for contacting newly enrolled veterans for 12 of the 60 veterans in our review. VHA policy states that medical centers should document three attempts to contact each newly enrolled veteran by phone, and if unsuccessful, send the veteran a letter. However, for 5 of the 12 veterans, our review of their medical records revealed no attempts to contact them, and medical center officials could not tell us whether the veterans had been contacted to schedule appointments. Medical centers attempted to contact the other 7 veterans at least once, but did not follow the process to contact them as outlined in VHA policy.

For 24 of the 60 veterans who did not have a primary care appointment, VA medical center officials stated that scheduling staff were either unable to contact them to schedule an appointment or upon contact, the veterans declined care. Officials stated that they were unable to contact 6 veterans either due to incorrect or incomplete contact information in veterans' enrollment applications, or to veterans not responding to medical centers' attempts to contact them. In addition, VA medical center officials stated that 18 veterans declined care when contacted by a scheduler. These officials said that in some cases veterans were seeking a VA identification card, for example, and did not want to be seen by a provider at the time.

The remaining 7 of the 60 veterans had appointments scheduled but had not been seen by primary care providers at the time of our review. Four of those veterans had initial appointments they needed to reschedule, which had not yet been rescheduled at the time of our review. The remaining

¹⁸A compensation and pension exam is requested by the Veterans Benefits Administration. This is a physical exam to determine service-related illnesses or injuries for determination of a veteran's entitlement to compensation and pension benefits.

three veterans scheduled their appointments after VHA provided us with a list of veterans who had requested care.

Veterans Experienced Wide Variation in the Amount of Time They Waited for Primary Care Due to Limited Appointment Availability and Weaknesses in Scheduling Practices

Based on our review of medical records for a sample of veterans across the six VA medical centers in our review, we found the average number of days between newly enrolled veterans’ initial requests that VA contact them to schedule appointments and the dates the veterans were seen by primary care providers at each medical center ranged from 22 days to 71 days. (See table 1.) Slightly more than half of the 120 veterans in our sample were able to see a provider in less than 30 days; however, veterans’ experiences varied widely, even within the same medical center, and 12 of the 120 veterans in our review waited more than 90 days to see a provider.

Table 1: Time between Dates Veterans Requested Department of Veterans Affairs (VA) Contact Them to Schedule Appointments and Dates Veterans Were Seen by Primary Care Providers

VA medical center	Number of veterans in sample	Number of veterans seen in 0-30 days	Number of veterans seen in 31-60 days	Number of veterans seen in 61-90 days	Number of veterans seen in >90 days	Average number of days
A	20	17	1	1	1	24
B	20	9	7	2	2	56
C	20	12	6	1	1	33
D	20	10	7	2	1	37
E	20	15	5	0	0	22
F	20	4	3	6	7	71
Total	120	67	29	12	12	

Source: GAO analysis of VA medical records. | GAO-16-328

Note: We reviewed 20 medical records from each of six VA medical centers for a sample of 120 veterans who requested on their enrollment applications that VA contact them to schedule appointments. These requests were made between October 1, 2014, and March 31, 2015. Our findings cannot be generalized to all veterans at the medical centers in our review, or to other medical centers.

We found that two factors generally impacted veterans’ experiences regarding the number of days it took to be seen by primary care providers. First, appointments were not always available when veterans wanted to be seen, which contributed to delays in receiving care. For example, one veteran was contacted within 7 days of being placed on the NEAR list, but no appointment was available until 73 days after the veteran’s preferred appointment date. This veteran was placed on the electronic wait list per VHA policy, and a total of 94 days elapsed before the veteran was seen by a provider. In another example, a veteran

wanted to be seen as soon as possible, but no appointment was available for 63 days. Officials at each of the six medical centers in our review told us that they have difficulty keeping up with the demand for primary care appointments for new patients because of shortages in the number of providers, or lack of space due to rapid growth in the demand for these services. Officials at two of the medical centers told us that because of these capacity limitations, they were placing veterans who requested primary care services on an electronic wait list at the time our review.

Second, we found weaknesses in VA medical center scheduling practices may have impacted the amount of time it took for veterans to see primary care providers and contributed to unnecessary delays. Staff at the medical centers in our review did not always contact veterans to schedule an appointment according to VHA policy, which states that attempts to contact newly enrolled veterans to schedule appointments must be made within 7 days of their being added to the NEAR list. Among the 120 veterans included in our review, 37 veterans (31 percent) were not contacted according to VHA policy within 7 days to schedule an appointment, and compliance varied across medical centers. (See table 2.)

Table 2: Timeliness of Department of Veterans Affairs (VA) Medical Center Staff Contact with Newly Enrolled Veterans to Schedule Primary Care Appointments

VA medical center	Number of veterans in sample	Number of veterans not contacted within 7 days per VHA policy (percentage of total)	Number of veterans contacted within 7 days per VHA policy (percentage of total)
A	20	3 (15%)	17 (85%)
B	20	10 (50)	10 (50)
C	20	10 (50)	10 (50)
D	20	5 (25)	15 (75)
E	20	3 (15)	17 (85)
F	20	6 (30)	14 (70)
Total	120	37 (31%)^a	83 (69%)

Source: GAO analysis of VA medical records. | GAO-16-328

Notes: We reviewed 20 medical records from each of six VA medical centers for a sample of 120 veterans who requested on their enrollment applications that VA contact them to schedule appointments. These requests were made between October 1, 2014, and March 31, 2015. Our findings cannot be generalized to all veterans at the medical centers in our review, or to other medical centers.

VHA scheduling policy states VA medical center staff must make at least three documented attempts to contact veterans within 7 days of their being added to the New Enrollee Appointment Request list. After a third attempt, a letter is to be mailed to the veteran per the scheduling policy.

^aFive of these veterans were never contacted by VA medical center staff, but these veterans later contacted the medical centers themselves to schedule appointments.

We found some medical center processes for contacting newly enrolled veterans to schedule appointments were inconsistent with VHA policy and may have contributed to delays in scheduling newly enrolled veterans:

- VA officials at one medical center told us that they send letters to newly enrolled veterans who apply online, which inform the veterans that it is their responsibility to come into the medical center to complete enrollment and schedule appointments. According to VISN officials with oversight of this VA medical center, this practice is not consistent with VHA scheduling policies, and veterans should not be asked to come to medical centers to schedule their appointments. In one case, a veteran enrolled online and requested VA contact him to schedule an appointment, but according to medical center officials, the veteran was not called to schedule an appointment, although a letter was later sent. As a result, officials said he did not receive an appointment until he contacted the medical center to again ask for one 47 days later.
- At another medical center, we found that the medical center's process for contacting newly enrolled veterans involves initial calls to explain their VHA health care benefits. After the initial call, each veteran's name is sent to a scheduler to contact the veteran to schedule an appointment. Although officials indicated that initial outreach to the veterans in our review often occurred within 7 days of their addition to the NEAR list, these veterans were not always contacted again to schedule appointments within 7 days, in accordance with VHA's scheduling policy.
- Finally, officials at a third medical center told us they added every new enrollee to the electronic wait list even when there were appointments available within 90 days of the veteran's request. The VA medical center then used the electronic wait list rather than the NEAR list to identify veterans who needed to be contacted to schedule an appointment. For example, a veteran requested VA contact him to schedule an appointment, and was added to the electronic wait list. Rather than contacting the veteran within 7 days of being added to the NEAR list, in accordance with VHA policy, officials contacted the veteran 19 days later to schedule an appointment. Officials told us that they changed their process during our review and are now using the NEAR list to identify newly enrolled veterans who need appointments.

Most Veterans in Our Review Accessed Follow-Up Primary Care within the Time Frames Outlined in VHA Policy

Our review found that of 60 veterans who received follow-up primary care, most received care within 30 days of the return-to-clinic date determined by each veteran’s provider, in accordance with VHA’s policy. Our review found that for 51 veterans return-to-clinic dates were applicable and documented in their medical records and 38 of these veterans were seen by providers within 30 days of their return-to-clinic dates.¹⁹ However, the percentage of veterans seen within 30 days of their return-to-clinic dates varied across medical centers in our review. (See table 3.)

Table 3: Number and Percentage of Veterans Who Were Seen by a Provider within 30 Days of Return-to-Clinic Dates

Department of Veterans Affairs (VA) medical center	Number of veterans we reviewed for whom a return-to-clinic date was applicable and documented in medical records	Number of veterans who were seen within 30 days of the return-to-clinic date (percentage)
A	8	7 (88%)
B	8	4 (50)
C	9	5 (56)
D	10	9 (90)
E	8	6 (75)
F	8	7 (88)
Total	51 ^a	38

Source: GAO analysis of VA medical records. | GAO-16-328

Notes: We reviewed 10 medical records from each of six VA medical centers for a sample of 60 veterans who were seen by providers for follow-up appointments in June 2015 and determined that for 51 of these veterans return-to-clinic dates were applicable and documented in their medical records. Our findings cannot be generalized to all veterans at the medical centers in our review, or to other medical centers.

VHA scheduling policy instructs schedulers to schedule veterans’ follow-up appointments based on the return-to-clinic date determined by the veteran’s provider; VA’s new definition of “wait-time goals,” as authorized by the Veterans Access, Choice, and Accountability Act of 2014, states that the goal for timeliness of follow-up appointments is 30 days from the return-to-clinic date, or, if there is no return-to-clinic date, the veteran’s preferred date.

¹⁹We reviewed medical records for 60 veterans who were seen by providers for follow-up appointments in June 2015 and determined that 51 of these veterans had return-to-clinic dates documented in their medical records—generally ranging from 6 months to 1 year—specified in a prior appointment in their medical records. Nine veterans in our review did not have return-to-clinic dates specified in prior appointments; these veterans were generally seen for new conditions not related to the prior appointment or were seen regularly for chronic conditions, so the return-to-clinic date was not relevant for the scheduling of the follow-up primary care appointment we reviewed.

^aNine veterans in our review did not have return-to-clinic dates specified in prior appointments; these veterans were generally seen for new conditions not related to the prior appointments or were seen regularly for chronic conditions, so the return-to-clinic dates were not relevant for the scheduling of the follow-up primary care appointments we reviewed.

We found several reasons why the 13 veterans (out of the 51 for whom return-to-clinic dates were applicable) were not seen for follow-up appointments within 30 days of their return-to-clinic dates:

- **Improperly managed recall reminder process.** For 6 of the 13 veterans, VA medical center staff did not properly manage their “recall reminder” process, which notifies veterans that they need to schedule a follow-up appointment, as outlined in VHA policy. Our review of the veterans’ medical records and discussions with medical center officials found that medical center staff did not place 5 veterans on the recall list to receive appointment scheduling reminders as outlined in VHA policy, and thus the veterans were not contacted to schedule their appointments in a timely manner. For the other veteran, one recall notice was sent, and schedulers did not attempt to make contact again, according to medical center officials.²⁰
- **Lack of available appointments or veterans preferred later appointment dates.** Four of the 13 veterans were seen more than 30 days beyond the return-to-clinic dates due to the lack of available appointments or based on their preferred dates.
- **Cancellations and no-shows.** For the remaining 3 of the 13 veterans, medical records indicated that appointments were initially scheduled within 30 days of the return-to-clinic dates; however, 2 veterans did not show up for their appointments and the other veteran’s appointment was canceled by the primary care clinic. These veterans were ultimately seen beyond the 30-day time frame.

²⁰According to VHA officials there is no national policy governing the number of times schedulers should attempt to contact veterans who are on the recall list. Officials from this medical center stated that their current local policy is to make three attempts, but this was not their policy at the time this veteran was placed on the recall list.

VHA's Oversight of Veterans' Access to Primary Care Is Hindered in Part by Data Weaknesses

VHA Monitors Only a Portion of the Time It Takes Newly Enrolled Veterans to Access Primary Care

A key component of VHA's oversight of veterans' access to primary care, particularly for newly enrolled veterans, relies on monitoring appointment wait times. However, VHA monitors only a portion of the overall time it takes newly enrolled veterans to access primary care.

VHA officials said they regularly review data related to access, including data on wait times for primary care. VHA has developed reports to track these data for each VISN and VA medical center. VHA officials indicated that they look for trends in average wait times across medical centers, and also track the percentage of veterans seen within 30 days of their preferred dates or return-to-clinic dates. Officials from all six VISNs and medical centers in our review said they use these reports, and other locally developed reports, to monitor wait times for each of their sites of care to identify any trends. VISN and VA medical center officials said if they find wait times are increasing, they work to identify solutions, which the medical center is then tasked with implementing. For example, officials from two VISNs and medical centers told us that in response to increasing wait times for primary care, actions have been taken to improve patient access, including opening new sites of care and hiring additional providers.

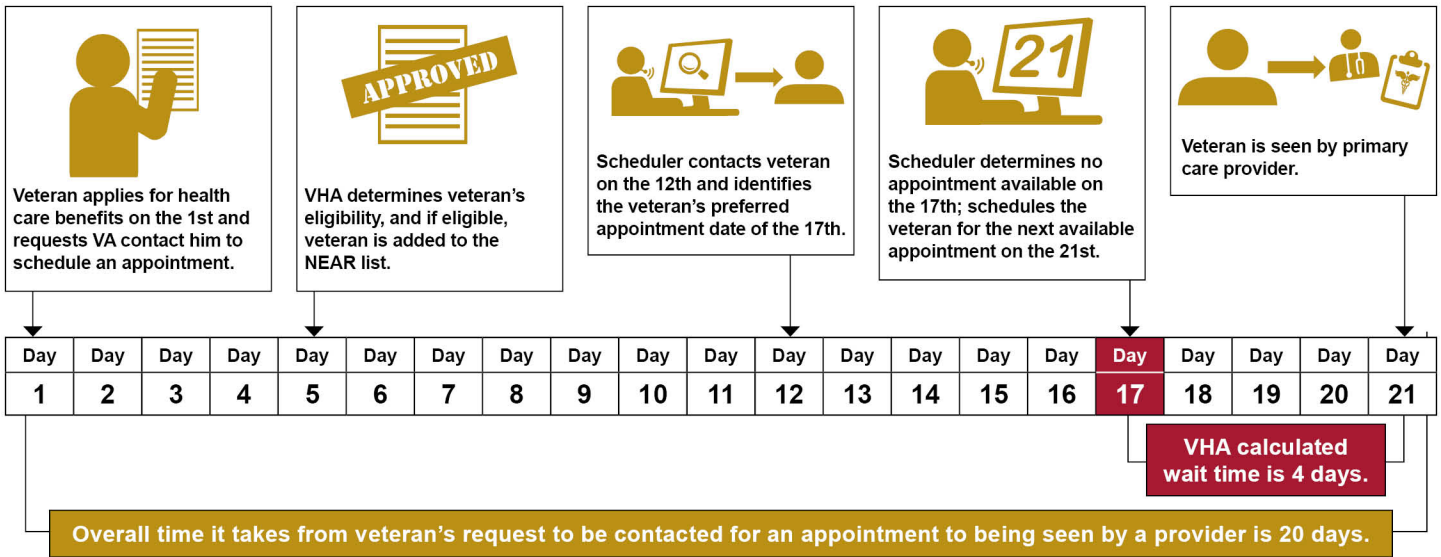
We found, however, that VHA monitors only a portion of the overall time it takes newly enrolled veterans to access primary care, which is inconsistent with federal internal control standards.²¹ According to the internal controls for information and communications, information should be recorded and communicated to management and others within the entity who need it to carry out their responsibilities.²² However, VHA

²¹We recently reported that VA similarly focuses on only a portion of the overall time veterans wait to see mental health providers. See [GAO-16-24](#).

²²See [GAO/AIMD-00-21.3.1](#).

monitors access using veterans' preferred appointment dates, which are not determined until schedulers make contact with veterans, as the basis for measuring how long it takes veterans to be seen, rather than the dates newly enrolled veterans requested on their enrollment applications that VA contact them to schedule appointments. (See fig. 2.) Therefore, VHA does not account for the time it takes to process enrollment applications, or the time it takes VA medical centers to contact veterans to schedule their appointments. Consequently, data used for monitoring and oversight do not capture veterans' overall experiences, including the time newly enrolled veterans wait prior to being contacted by a scheduler, which makes it difficult for officials to effectively identify and remedy scheduling problems that arise prior to making contact with veterans.

Figure 2: Illustration of How the Time It Takes a Veteran to See a Provider May Differ from the Wait Time Calculated by the Veterans Health Administration (VHA)



Legend: NEAR= New Enrollee Appointment Request; VHA= Veterans Health Administration.

Sources: VHA (information); GAO (illustration). | GAO-16-328

Our review of medical records for 120 newly enrolled veterans found that, on average, the total amount of time it took to be seen by primary care providers was much longer when measured from the dates veterans initially requested VA contact them to schedule appointments than it was when using appointment wait times calculated using veterans' preferred dates as the starting point. (See table 4.)

Table 4: Comparison of the Average Number of Days for Newly Enrolled Veterans to See Primary Care Providers, Based on Preferred Dates and Dates of Requests to Schedule Appointments

Department of Veterans Affairs (VA) medical center	Number of veterans in sample	Average number of days from preferred date to being seen by provider	Average number of days from request to schedule an appointment to being seen by provider
A	20	6	24
B	20	5	56
C	20	4	33
D	20	6	37
E	20	3	22
F	20	28	71

Source: GAO analysis of VA medical records. | GAO-16-328

Note: We reviewed 20 medical records from each of six VA medical centers for a sample of 120 veterans who requested on their enrollment applications that VA contact them to schedule appointments. These requests were made between October 1, 2014, and March 31, 2015. Our findings cannot be generalized to all veterans at the medical centers in our review, or to other medical centers.

The amount of time elapsed between when veterans initially requested VA contact them to schedule appointments and when they are seen by providers may be due to veterans' decisions such as not wanting to schedule appointments immediately, or cancelling and rescheduling initial appointments. However, we found the amount of time between initial requests and when they received care also varied due to factors unaffected by veterans' decisions, including VA medical centers not contacting veterans in a timely manner, medical centers being unaware of veterans' requests, and difficulties in processing veterans' requests that they be contacted to schedule appointments. For example:

- One veteran applied for VHA health care benefits in December 2014, which included a request to be contacted for an initial appointment. The VA medical center contacted the veteran to schedule a primary care appointment 43 days later. When making the appointment, the medical center recorded the veteran's preferred date as March 1, 2015, and the veteran saw a provider on March 3, 2015. Although the medical center's data showed the veteran waited 2 days to see a provider, the total amount of time that elapsed from the veteran's request until the veteran was seen was actually 76 days.
- For another veteran, the medical record indicated that a request to schedule an appointment was made in October 2014. According to VA medical center officials, the veteran had a compensation and

pension exam, and as a result, this veteran was not on the list of those who needed to be contacted to schedule a primary care appointment. Officials told us that the veteran contacted the medical center in January 2015 to schedule an appointment, with a preferred date in January 2015. The veteran had his appointment in February 2015. While the medical center's data show the veteran waited 13 days to be seen, the total amount of time that elapsed from the veteran's initial request to schedule an appointment until the veteran was seen was 113 days.

According to VHA officials responsible for monitoring wait times, there are no VHA policies requiring that they measure and monitor the total amount of time that newly enrolled veterans experience while waiting to be seen by a primary care provider. Instead, VHA's policy is to use data that measure the timeliness of appointments based on veterans' preferred dates. Although there is no policy requiring that they measure the total time veterans wait to be seen, officials from one VISN told us that they measure this period of time, as it may provide valuable insights into newly enrolled veterans' experiences in trying to obtain care from VHA. During our discussions with these VISN officials, they expressed concern that monitoring veterans' wait times using the preferred date is too limited, because it does not capture the full wait times veterans experience.

Since February 2015, officials from this VISN have instructed each of the medical centers they oversee to audit a sample of 30 primary care, specialty care, and mental health appointments for new patients, including newly enrolled veterans, for a total of 90 appointments each month. As part of this audit, medical center officials record the dates veterans initially requested VA contact them to schedule appointments, the dates appointments were created, and the dates veterans were seen by providers. VISN officials use the information to prepare a monthly summary report which tracks a variety of information, including the percentage of appointments for which the veterans' overall wait was more than 30 days. According to data from the October 2015 audit, 24 percent of veterans waited more than 30 days from their initial request until they were seen by a provider. Officials indicated that by analyzing trends on these and other data, they will be able to identify whether factors such as enrollment issues or problems contacting newly enrolled veterans are impacting overall wait times. Officials indicated that it is time-consuming to perform these audits, and it would be helpful if VHA had a centralized system which would enable them to electronically compile the data.

During our review we also found that under the Health Resource Center's Welcome to VA program, officials are developing a centralized electronic system to track various dates related to newly enrolled veterans, including the date each veteran applied for VHA health care. Once applications for benefits are approved, staff in the Health Resource Center call centers contact each newly enrolled veteran, and ask if that veteran wants to begin receiving health care at VHA. For veterans that indicated on their applications that they wanted to be contacted to schedule an appointment, their requests are confirmed through these calls, and the dates of the requests on the applications are recorded in the Health Resource Center system, as well as the dates the veterans were contacted. For veterans who did not indicate they wanted to be contacted on their applications, but tell Health Resource Center staff during the calls that they want care, the dates of contact are documented as their initial requests for care. Officials indicated that it is important to begin tracking from the onset of veterans' requests, because that is when they told VA they needed care. Officials indicated that since July 2015, they have been piloting this Welcome to VA data collection and tracking effort with one VISN, and hope to expand this effort across the VHA system during 2016. They further indicated that they have been coordinating with the VHA office responsible for monitoring access, and hoped their data could be integrated into VHA's routine monitoring of veterans' wait times.

Scheduling Errors Continue to Affect the Reliability of Wait-Time Data, Including for Primary Care

Ongoing problems continue to affect the reliability of wait-time data, including for primary care, used by VHA, VISN, and VA medical center officials for monitoring and oversight. Our previous work in 2012, as well as that of VA and the VA OIG in 2014, has shown that VHA wait-time data are unreliable and prone to errors and interpretation.²³ Among other things, we found in December 2012 that medical centers were not implementing VHA's scheduling policies in a consistent manner, which led to unreliable wait-time data. Although VHA has taken steps since then to improve the reliability of its wait time data, including ensuring that scheduling staff complete required training, we found VHA schedulers

²³See [GAO-13-130](#); Department of Veterans Affairs, *Access Audit, System-Wide Review of Access, Results of Access Audit Conducted May 12, 2014, through June 3, 2014*; and Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration, Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System*, Report No. 14-02603-267. (Washington, D.C.: Aug. 26, 2014).

were continuing to make errors in recording veterans' preferred dates; and thus, data reliability problems continue to hinder effective oversight.

During our review of appointment scheduling for 120 newly enrolled veterans, we found that schedulers in three of the six VA medical centers included in our review had made errors in recording veterans' preferred dates when making appointments. Specifically, we found 15 appointments for which schedulers had incorrectly revised the preferred dates. In these cases, we recalculated the appointment wait time based on what should have been the correct preferred dates, according to VHA policy, and found the wait-time data contained in the scheduling system were understated.²⁴ (See table 5.)

Table 5: Wait Times for Primary Care Appointments Before and After the Correction of Preferred Dates

Department of Veterans Affairs (VA) medical center	Number of veterans with incorrect preferred dates recorded	Average wait times in days based on incorrect preferred dates reflected in VA medical center's scheduling system	Average wait times in days calculated based on corrected preferred dates per Veterans Health Administration (VHA) policy ^a
A	1 of 20	6	11
B	0 of 20	5	5
C	8 of 20	4	21
D	0 of 20	6	6
E	0 of 20	3	3
F	6 of 20	28	48

Source: GAO analysis of VA medical records. | GAO-16-328

Note: We reviewed 20 medical records from each of six VA medical centers for a sample of 120 veterans who requested on their enrollment applications that VA contact them to schedule appointments. These requests were made between October 1, 2014, and March 31, 2015. Our findings cannot be generalized to all veterans at the medical centers in our review, or to other medical centers.

^aVHA policy states that when a clinic cancels a veteran's appointment, the preferred date recorded in the initial appointment should be maintained in the system and not revised when the appointment is rescheduled. Additionally, when VHA staff add a veteran to the electronic wait list, the veteran's preferred date is recorded and should be maintained in the system when a primary care appointment is scheduled.

²⁴VHA policy states that when a clinic cancels a veteran's appointment the preferred date recorded in the initial appointment should be maintained in the system. Additionally, when veterans are added to the electronic wait list, their preferred date is recorded; this date should be maintained in the system when a primary care appointment is scheduled.

We found that schedulers incorrectly revised patients' preferred dates to later dates, inconsistent with VHA policy, under two scheduling scenarios:

1. Medical center primary care clinics cancelled appointments, and when those appointments were re-scheduled, schedulers did not always maintain the original preferred dates in the system, but updated them to reflect new preferred dates recorded when the appointments were rescheduled. This is not consistent with VHA policy, which indicates that if a clinic cancels an appointment, the original preferred date should be maintained in the system.
2. Preferred dates initially recorded when placing veterans on the electronic wait list were incorrectly revised to later dates when appointments became available and were scheduled. This included revising preferred dates to the same dates of the scheduled appointments. This is also inconsistent with VHA policy, which indicates that the veterans' preferred dates recorded at the time of entry on the electronic wait list should not be changed. We confirmed our understanding of this policy with officials from one of the VISNs, and discussed these cases with VA medical center officials, who indicated that they would need to provide additional training to schedulers to ensure compliance with VHA's scheduling policies.

We also found in our review of medical records, that of 120 veterans who saw providers, 65 veterans, or 54 percent, had appointments with a zero-day wait time recorded in the scheduling system. VHA officials indicated that appointments with wait times of zero days are a potential indicator of scheduling errors. Based on our review of medical records for these veterans, 13 of the appointments with zero-day wait times were those that were incorrect due to schedulers revising preferred dates.

In addition, officials from five of the six VA medical centers in our review told us they continue to find through their scheduling audits that schedulers are incorrectly recording preferred dates. Officials from each of the six medical centers explained that they periodically audit scheduled appointments to help ensure schedulers are complying with scheduling policies. Officials from these medical centers indicated a key focus of the audits is to assess whether schedulers are correctly recording the preferred date when making appointments, and that wait times are being calculated correctly. For example, officials from one medical center said they audited nearly 1,200 appointments between January and June 2015, and identified 205 appointments for which schedulers incorrectly recorded the veteran's preferred date. Officials indicated that based on these

results, scheduling supervisors provided training with those schedulers who made the errors.

Since July 2014, VHA has issued a revised interim scheduling directive and numerous individual memos to clarify and update the scheduling policy, but has not yet published a comprehensive policy that incorporates all of these changes. Officials from four of the six VISNs in our review indicated that the way VHA has communicated revised scheduling policies and updates to medical centers has been ineffective and may be contributing to continued scheduling errors. They indicated that high turnover among schedulers and the lack of an updated standardized scheduling policy make it more difficult to train schedulers and to direct these staff to current policy, which increases the likelihood of errors. Federal internal control standards call for management to clearly document, through management directives or administrative policies, significant events or activities—which in this instance would include ensuring that scheduling policies are readily available and easily understood—and that management should use and communicate, both internally and externally, quality information to achieve its objectives.²⁵ VHA officials acknowledged that they are aware of frustration among medical center staff, and that they have been working over the past 18 months to develop an updated and comprehensive scheduling policy. Officials indicated that their current target is to issue a revised policy some time in 2016.

To help VA medical centers and VISNs identify scheduling problems, in January 2015, VHA implemented its scheduling trigger tool, which is designed to provide medical center and VISN officials with an early warning that scheduling problems may be occurring. According to VHA officials, the tool uses statistical analysis software to review appointment data from all medical centers in order to detect potential erroneous scheduling practices, including those that deviate from VHA policies.²⁶ For example, it assesses whether medical center schedulers are accurately documenting patients' preferred dates and whether they are

²⁵See [GAO/AIMD-00-21.3.1](#).

²⁶The scheduling trigger tool is a statistical program, which uses mathematical formulas to calculate an overall Data and Scheduling Compliance Score for medical centers. Scores range from 0-100. This tool flags medical centers with an overall score in the bottom 20 percent across the VHA system.

using the electronic wait list correctly for new patients. The tool assesses each medical center's scheduling performance and automatically alerts medical center and VISN leadership if a medical center is performing in the bottom 20 percent. According to VHA officials, use of the tool has prompted many requests for assistance, and they have provided additional scheduler training.

VHA and Medical Centers Have Implemented Efforts Aimed at Improving Veterans' Timely Access to Primary Care

VHA Has Implemented System-Wide Efforts Designed to Offer Veterans More Timely Access to Primary Care

Opportunities for Care under the Choice Act

VHA has implemented two system-wide efforts designed to offer veterans more timely access to primary care: the Veterans Choice Program, created through the Choice Act; and an initiative to increase primary-care hours.

Enacted in August 2014, the Choice Act provided veterans facing long waits or lengthy travel distances the opportunity to obtain health care services—including primary care—from community providers. Under this authority, VHA created the Veterans Choice Program, which was introduced in November 2014. Under the program, for example, certain veterans are able to receive care in the community, including primary care, if the next available medical appointment with a VA provider is more

than 30 days from their preferred date or if they live more than 40 miles driving distance from the nearest VA facility.²⁷

According to officials from VHA and the six medical centers included in our review, although some veterans have chosen to receive primary care through the Veterans Choice Program, it has generally had limited impact on access to primary care. Information VHA provided indicates that VHA-wide, from November 5, 2014, through September 30, 2015, about 40,000 authorizations for primary care were made under the program, and for 21,000 of these authorizations, veterans had at least 1 primary care appointment.²⁸ For authorizations with primary care appointments, about 75 percent were for veterans who lived more than 40 miles from the nearest VA facility. This utilization is relatively small given the approximately 12 million primary care appointments VHA provided in fiscal year 2015. This level of utilization was also consistent at the six medical centers in our review, at which we also found that veterans had made limited use of the Veterans Choice Program for primary care. Officials from two of the medical centers said that no veterans had used the program for primary care, and officials from the other four medical centers said that use of the program had been limited.

Officials from medical centers and VISNs in our review said that relatively few veterans are using the Veterans Choice Program for primary care for various reasons, such as their medical centers generally being able to provide timely access to primary care appointments, veterans not wanting to receive primary care outside of the VHA system, and shortages of primary care providers in the community. Additionally, many of these officials, as well as officials we spoke with at VHA, indicated that use of

²⁷Subsequent to implementation of the Veterans Choice Program, regulatory and statutory changes were made to enable more veterans to qualify for care under the program. See *Driving Distance Eligibility for the Veterans Choice Program*, 80 Fed. Reg. 22,906 (April 24, 2015); *Construction Authorization and Choice Improvement Act*, Pub. L. No. 114-19, § 3, 129 Stat. 215, 215-16 (2015); and *Surface Transportation and Veterans Health Care Choice Improvement Act of 2015*, Pub. L. No. 114-41, tit. IV, 129 Stat. 443, 460-67 (2015).

²⁸Under the Veterans Choice Program, eligible veterans are authorized for a course of treatment, which must be considered medically necessary. The treatment includes any follow-up appointments, as well as any ancillary and specialty services. Because VA tracks Veterans Choice Program usage by the number of authorizations, VA officials could not provide the total number of primary care appointments provided to veterans under the program.

the Choice Program may not be best suited for delivering primary care to veterans because it is difficult for VHA primary care providers to coordinate veterans' complete medical needs when veterans are seen by primary care providers in the community.

Extended Hours of Operation

In January 2013, VHA implemented a policy directing certain medical centers and community-based outpatient clinics to provide primary care services to veterans beyond normal hours of operation—8 a.m. to 4:30 p.m., Monday through Friday.²⁹ According to this policy, medical centers and community-based outpatient clinics that serve more than 10,000 veterans must offer 2 hours of extended service at least twice per week, including once on a weekday and once on a weekend. VA medical centers were required to fully implement extended hours by July 2013 and VISNs were to reassess after a year of implementation whether the extended hours were being effectively provided. According to VHA officials, as of October 2015, all medical centers required to do so had fully implemented this policy and were offering extended hours. As a result of this policy, VHA officials indicated that the number of appointments they provided beyond normal hours of operation increased from fiscal year 2013 to fiscal year 2015. Specifically, growth in the number of appointments provided VHA-wide increased from approximately 134,000 to 173,000 (30 percent) during extended hours on weekdays and from approximately 27,000 to 71,000 (163 percent) on weekends during this period.

Officials from all six medical centers included in our review stated that, in accordance with VHA's extended hours policy, they provide extended hours of operation to improve access to primary care and provide veterans with added flexibility in scheduling appointments. For example, officials from one of the medical centers noted that they have offered extended hours beyond the requirements of VHA's policy for primary care at one of their community-based outpatient clinics to be responsive to the needs of the population it serves, which tends to be younger, working veterans who have difficulty making appointments during normal hours of

²⁹Department of Veterans Affairs, Veterans Health Administration, *Extended Hours Access for Veterans Requiring Primary Care Including Women's Health and Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics*, VHA Directive 2013-001, (Washington, D.C.: Jan. 9, 2013).

operation.³⁰ In implementing this policy, medical center officials noted some challenges, including staffing shortages, and difficulty getting providers to agree to work alternate schedules.

VA Medical Centers Have Implemented Local Efforts to Improve Veterans' Access to Timely Primary Care

In addition to the VHA-wide initiatives aimed at improving access, officials from the VA medical centers in our review also reported implementing several local efforts to improve veterans' timely access to primary care appointments. (See table 6.)

Table 6: Department of Veterans Affairs (VA) Medical Center Local Efforts to Increase Access to Primary Care

VA medical center	Reconfiguring or expanding clinic space	Hiring additional providers	Creating flexible or “gap” provider positions ^a	Increasing use of technology
A	X	X	X	
B	X	X	X	X
C	X			
D	X	X		X
E	X	X	X	
F	X	X		X

Source: Six VA medical centers in our review. | GAO-16-328

^aFlexible or “gap” providers are doctors, nurse practitioners, or nurses who may work across the medical center’s clinic locations as needed to cover short term leave such as sick or annual leave or staffing shortages.

Specifically, officials from all six medical centers reported reconfiguring or expanding clinic space. For example, officials at two medical centers stated that they are reconfiguring their primary care clinic’s space to accommodate additional providers and other staff without having to lease additional space. Officials from another medical center told us they were expanding clinic space by opening several additional community-based

³⁰This VA medical center provides extended hours in a community-based outpatient clinic that serves fewer than 10,000 veterans.

outpatient clinics by entering into emergency lease agreements in addition to beginning the construction of new clinic space.³¹

Further, officials from five medical centers in our review reported hiring additional providers or creating additional positions. For example, officials at one medical center stated that since 2013 they have hired 20 new full-time providers and 18.5 full-time equivalent nurses. Additionally, they have also created a new position—a “gap” provider who is a doctor, nurse practitioner, or nurse—that allows flexibility to cover short-term leave such as sick or annual leave or longer-term leave such as the gap between one provider leaving and a new provider coming on board. In practice, the medical center shifts gap providers from one location to another as needed, enabling the medical center to minimize backlogs that may arise due to staffing shortages and unanticipated provider absences. Currently, this medical center has seven gap providers in primary care. Similarly, two other medical centers reported using flexible providers who work across several clinic locations to improve access to primary care for veterans.

Finally, officials from three of the medical centers included in our review reported developing technological solutions to improve access to timely primary care appointments. These solutions included increasing the use of telehealth and secure messaging to improve the convenience and availability of primary care appointments.³² For example, officials from one of the medical centers in our review said providers are using secure messaging to communicate with patients and reduce the need for in-person encounters, which they said helps free up appointments for other patients.

³¹An emergency lease agreement enables a VA medical center to more quickly obtain space than the standard leasing process. According to medical center officials, it can take years to finalize a lease agreement through the standard leasing process.

³²Telehealth includes telemedicine, which is the use of medical information exchanged from one site to another via electronic communications (such as video or e-mail) to improve a patient’s clinical health status through, for example, provision of health care services or clinical monitoring. Secure messaging is an online messaging system that enables patients to securely communicate with their providers through email. Patients may use this messaging system to communicate with their providers about medications or lab results, or to have routine questions answered, among other things.

Conclusions

Providing our nation's veterans with timely access to primary care is a critical responsibility of VHA. As primary care services are often the entry point to the VA health care system for newly enrolled veterans, the ability to access primary care and establish a relationship with a VHA provider can be instrumental in the ongoing management of a veteran's overall health care needs. Although VHA has processes for identifying those veterans who have requested VA contact them to schedule appointments, our review of a sample of newly enrolled veterans revealed that VA medical centers did not always provide that care until several months after veterans initially indicated interest in obtaining it, if at all. In several cases, newly enrolled veterans were never contacted to schedule appointments, due to medical center staff failing to comply with VHA policies for scheduling such appointments or medical center staff being unaware of veterans' requests. In the absence of consistent adherence by medical center staff to VHA scheduling processes and policies, veterans may continue to experience delays in accessing care.

To help oversee veterans' access to primary care, officials at VHA's central office, medical centers, and VISNs rely on measuring, monitoring, and evaluating the amount of time it takes veterans to be seen by a provider. The data currently being used to evaluate newly enrolled veterans' access to primary care, however, are limited because they do not account for the entire amount of time between veterans' initial requests to be contacted for appointments and being seen by primary care providers. This is because the method VHA uses to measure the appointment wait times for newly enrolled veterans does not begin at the point at which veterans initially request that VA contact them to schedule appointments when applying for VHA health care, but rather begins when VA medical center staff contact veterans and record the veterans' preferred dates. Consequently, data used for monitoring and oversight do not capture the time newly enrolled veterans wait prior to being contacted by a scheduler, making it difficult for officials to effectively identify and remedy scheduling problems that arise prior to making contact with veterans. Recognizing limitations in monitoring and oversight of access data based on veterans' preferred dates, some system-wide and local efforts are being developed and implemented to broaden data collection and oversight of newly enrolled veterans' access to primary care; such efforts could have applicability across the entire VHA system.

Ongoing scheduling problems continue to affect the reliability of wait-time data, including for primary care. Our previous work has shown that VHA wait-time data are unreliable due, in part, to medical centers not implementing VHA's scheduling policies consistently. VHA central office

officials have responded to scheduling problems throughout the VHA system by issuing several individual memorandums to clarify scheduling policies. However, VHA's piecemeal approach in implementing these policies may not be fully effective in providing schedulers with the comprehensive guidance they need to consistently adhere to scheduling policies or providing the reliable data officials need for monitoring access to primary care. Our review of medical records for a sample of veterans found that scheduling errors continue, diminishing the reliability of data officials use for monitoring the timeliness of appointments by understating the amount of time veterans actually wait to see providers. Officials at several of the VA medical centers also continue to uncover scheduling errors through audits, and VISN officials attribute the errors, in part, to the lack of an updated comprehensive scheduling policy. While VHA central office officials are working on finalizing an updated scheduling policy, they currently have no definitive issuance date. Until a comprehensive scheduling policy is finalized, disseminated, and consistently followed by schedulers, the likelihood for scheduling errors will persist.

Recommendations for Executive Action

We recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to take the following three actions:

- (1) Review VHA's processes for identifying and documenting newly enrolled veterans requesting appointments, revise as appropriate to ensure that all veterans requesting appointments are contacted in a timely manner to schedule them, and institute an oversight mechanism to ensure VA medical centers are appropriately implementing the processes.
- (2) Monitor the full amount of time newly enrolled veterans wait to be seen by primary care providers, starting with the date veterans request they be contacted to schedule appointments. This could be accomplished, for example, by building on the data collection efforts currently being implemented under the "Welcome to VA" program.
- (3) Finalize and disseminate a comprehensive national scheduling directive, which consolidates memoranda and guidance disseminated since July 2014 on changes to scheduling processes and procedures, and provide VA medical center staff appropriate training and support to fully and correctly implement the directive.

Agency Comments

We provided VA with a draft of this report for its review and comment. VA provided written comments, which are reprinted in appendix II. In its written comments, VA concurred with all three of the report's recommendations, and identified actions it is taking to implement them.

As arranged with your office, unless you publicly disclose the contents earlier, we plan no further distribution of this report until 24 days after the date of this report. At that time, we will send copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report will be available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at draperd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

Sincerely yours,



Debra A. Draper
Director, Health Care

Appendix I: Prior GAO Recommendations Related to Oversight of Veterans’ Access to Primary and Specialty Care

Our prior work has found weaknesses in the Department of Veterans Affairs’ (VA) Veterans Health Administration’s (VHA) ability to effectively oversee timely access to health care for veterans. Specifically, we found that VHA did not have adequate data and oversight mechanisms in place to ensure veterans receive timely primary and specialty care, including mental health care. Since 2012, we have issued several reports and made recommendations to help ensure VHA has effective policies and reliable data to carry out its oversight. See table 7 for our previous recommendations and the status of their implementation.

Table 7: Status of Prior GAO Recommendations Related to Oversight of Veterans’ Access to Primary and Specialty Care, Including Mental Health Care, as of January 2016

Recommendations from VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement, GAO-13-130 (Washington, D.C.: Dec. 21, 2012)	Status and reported actions taken or planned to address recommendation
To ensure reliable measurement of veterans’ wait times for medical appointments, the Secretary of the Department of Veterans Affairs (VA) should direct the Under Secretary for Health to take actions to improve the reliability of wait time measures either by clarifying the scheduling policy to better define the desired date, or by identifying clearer wait time measures that are not subject to interpretation and prone to scheduler error.	Recommendation remains open; VA defined new wait time goals, but additional work, such as finalizing revisions to its scheduling policy, is needed.
To better facilitate timely medical appointment scheduling and improve the efficiency and oversight of the scheduling process, the Secretary of VA should direct the Under Secretary for Health to take actions to ensure that VA medical centers consistently and accurately implement the Veterans Health Administration’s (VHA) scheduling policy, including use of the electronic wait list, as well as ensuring that all staff with access to the scheduling system complete the required training.	Recommendation remains open; VHA reported that it had drafted an updated scheduling policy and training materials, and instructed Veterans Integrated Service Networks (VISN) to ensure all staff with access to the scheduling system completed the required training, but additional work, such as finalizing its revised scheduling policy and training materials, is needed.
To improve timely medical appointment scheduling, the Secretary of VA should direct the Under Secretary for Health to develop a policy that requires medical centers to routinely assess clinics’ scheduling needs and resources to ensure that the allocation of staffing resources is responsive to the demand for scheduling medical appointments.	Recommendation remains open; VHA reported that it had developed a report to enable medical centers to routinely assess clinics’ scheduling needs and resources, but additional work, such as training medical center officials on the use of this report, is needed.
To improve timely medical appointments and to address patient and staff complaints about telephone access, the Secretary of VA should direct the Under Secretary for Health to ensure that all medical centers provide oversight of telephone access and implement best practices outlined in its telephone systems improvement guide.	Recommendation remains open; VHA reported having developed a standardized telephone assessment tool to improve oversight of telephone access, however, additional work, such as finalizing revisions to its telephone access policy, is needed.

**Appendix I: Prior GAO Recommendations
Related to Oversight of Veterans' Access to
Primary and Specialty Care**

Recommendations from

***VA Health Care: Management and Oversight of Consult Process
Need Improvement to Help Ensure Veterans Receive Timely
Outpatient Specialty Care, GAO-14-808 (Washington, D.C.: Sept. 30,
2014)***

To improve VHA's ability to effectively oversee the consult process, and help ensure VA medical centers are providing veterans with timely access to outpatient specialty care, the Secretary of VA should direct the Interim Under Secretary for Health to assess the extent to which specialty care providers across all medical centers, including residents who may be serving on a temporary basis, are using the correct clinical progress notes to complete consults in a timely manner, and, as warranted, develop and implement system-wide solutions such as technical enhancements, to ensure this is done appropriately.

Recommendation remains open; VHA reported plans to charter a workgroup to assess and develop a single set of clear standard operating procedures for requesting and completing consults and train medical center providers on these procedures, but additional work, such as providing documentation of these standard operating procedures and training materials, is needed.

To improve VHA's ability to effectively oversee the consult process, and help ensure medical centers are providing veterans with timely access to outpatient specialty care, the Secretary of VA should direct the Interim Under Secretary for Health to enhance oversight of medical centers by routinely conducting independent assessments of how medical centers are managing the consult process, including whether they are appropriately resolving consults. This oversight could be accomplished, for example, by VISN officials periodically conducting reviews of a random sample of consults as we did in the review we conducted.

Recommendation remains open; VHA reported plans to charter a workgroup to develop a clear set of standard operating procedures for tracking and monitoring consults, but additional work, such as providing documentation of these standard operating procedures and the results of any independent assessments of medical centers' consult process management, is needed.

To improve VHA's ability to effectively oversee the consult process, and help ensure medical centers are providing veterans with timely access to outpatient specialty care, the Secretary of VA should direct the Interim Under Secretary for Health to require specialty care providers to clearly document in the electronic consult system their rationale for resolving a consult when care has not been provided.

Recommendation remains open; VHA reported plans to charter a workgroup to, among other things, develop an educational tool to provide proper orientation for providers on the use of the consult package, but additional work, such as finalizing and disseminating this training, is needed.

To improve VHA's ability to effectively oversee the consult process, and help ensure medical centers are providing veterans with timely access to outpatient specialty care, the Secretary of VA should direct the Interim Under Secretary for Health to identify and assess the various strategies that all medical centers have implemented for managing future care consults; including determining the potential effects these strategies may have on the reliability of consult data; and identifying and implementing measures for managing future care consults that will ensure the consistency of consult data.

Recommendation remains open; VHA reported plans to charter a workgroup to assess local strategies for managing future care consults and determine whether modifications to current measures are needed, but additional work, such as providing documentation of system-wide guidance on managing future care consults, is needed.

To improve VHA's ability to effectively oversee the consult process, and help ensure medical centers are providing veterans with timely access to outpatient specialty care, the Secretary of VA should direct the Interim Under Secretary for Health to establish a system-wide process for identifying and sharing medical centers' best practices for managing consults that may have broader applicability throughout VHA, including future care consults.

Recommendation remains open; VHA reported plans to establish a system-wide process for the identification and dissemination of best practices for managing consults, but additional work, such as providing documentation of this system-wide process, is needed.

To improve VHA's ability to effectively oversee the consult process, and help ensure medical centers are providing veterans with timely access to outpatient specialty care, the Secretary of VA should direct the Interim Under Secretary for Health to develop a national policy for medical centers to manage patient no-shows and cancelled appointments that will ensure standardized data needed for effective oversight of consults.

Recommendation remains open; VHA reported plans to establish requirements for managing no-shows and canceled appointments in a national policy, but additional work, such as finalizing and disseminating this national policy, is needed.

**Appendix I: Prior GAO Recommendations
Related to Oversight of Veterans' Access to
Primary and Specialty Care**

Recommendations from

Primary Care: Improved Oversight Needed to Better Ensure Timely Access and Efficient Delivery of Care, GAO-16-83 (Washington, D.C.: Oct. 8, 2015)

To improve the reliability of VA's primary care panel size data and improve VA central office and the VISNs' oversight of facilities' management of primary care, the Secretary of VA should direct the Undersecretary for Health to incorporate in policy an oversight process for primary care panel management that assigns responsibility, as appropriate, to VA central office and VISNs for (1) verifying each facility's reported panel size data currently in Primary Care Management Module and in web-Primary Care Management Module, if the software is rolled-out nationally, including such data as the number of primary care patients, providers, support staff, and exam rooms; and (2) monitoring facilities' reported panel sizes in relation to the modeled panel size and assisting facilities in taking steps to address situations where reported panel sizes vary widely from modeled panel sizes.

Recommendation remains open; VA reported plans to issue guidance clarifying VA central office's and VISNs' oversight responsibilities with regard to primary care panel size data by September 2016, but did not provide information on how it plans to address unreliable panel size data.

To improve the reliability of VA's primary care panel size data and improve VA Central Office and VISNs' oversight of facilities' management of primary care, the Secretary of VA should direct the Undersecretary for Health to review and document how to use encounter and expenditure data in conjunction with panel size data to strengthen monitoring of facilities' management of primary care.

Recommendation remains open; VA reported that it will take steps to understand encounter and expenditure data and determine how best to utilize these data to improve patient care with a target completion date for presenting its findings and decisions by September 2018.

Recommendations from

GAO, VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed, GAO-16-24 (Washington, D.C.: Oct. 28, 2015)

To enhance VHA's oversight of veteran mental health care and, in particular, improve and ensure the accuracy, reliability, and usefulness of its mental health data, the Secretary of VA should direct the Under Secretary for Health to issue clarifying guidance on which of its access policies (e.g., 14 day or 30 day) should be used for scheduling new veterans' full mental health evaluations.

Recommendation remains open; VHA reported that, among other things, it is in the process of revising the relevant access policy for scheduling full mental health evaluations to be consistent with its 30-day wait time goal, and that it plans to finalize these revisions and issue clarifying guidance by March 2016.

To enhance VHA's oversight of veteran mental health care and, in particular, improve and ensure the accuracy, reliability, and usefulness of its mental health data, the Secretary of VA should direct the Under Secretary for Health to issue guidance on how appointment scheduling for open-access appointments are required to be managed.

Recommendation remains open; VHA reported that it conducted training in the summer of 2015 for schedulers, and that the combination of the training and its current policy constitutes clear guidance on how to manage such appointments. Based on our review of this training, we continue to believe that guidance for scheduling open-access appointments is unclear and that VA needs to issue specific guidance to address this.

To enhance VHA's oversight of veteran mental health care and, in particular, improve and ensure the accuracy, reliability, and usefulness of its mental health data, the Secretary of VA should direct the Under Secretary for Health to issue guidance about the definitions used to calculate wait times, such as how a new patient is defined, and communicate any changes in wait-time data definitions within and outside VHA.

Recommendation remains open; VHA reported that, among other things, it plans to issue an information letter in November 2015 that contains sources where the general public and VHA employees can find the definitions used to calculate wait times.

Source: GAO. | GAO-16-328

**Appendix I: Prior GAO Recommendations
Related to Oversight of Veterans' Access to
Primary and Specialty Care**

Notes: Recommendations remain "open" until GAO designates them as "closed," which would occur when the department has (a) provided documentation that actions were taken to fully implement the recommendation, or (b) reported that it will not implement the recommendation.

VA concurred with all fifteen recommendations made in our reports and its actions—taken or planned—to address these recommendations reflect what the department has reported to us as of January 2016. GAO will continue to monitor VA's implementation of these recommendations as part of our recommendation follow-up process, and GAO will obtain an update on VA's efforts to address these recommendations.

Appendix II: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON DC 20420

March 2, 2016

Ms. Debra A. Draper
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548


Dear Ms. Draper:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, "**VA Health Care: Actions Needed to Improve Newly Enrolled Veterans' Access to Primary Care**" (GAO-16-328). VA agrees with GAO's conclusions and concurs with recommendations to the Department.

The enclosure specifically addresses GAO's recommendations in the draft report and provides an action plan to the draft report.

VA appreciates the opportunity to comment on your draft report.

Sincerely,


Robert D. Snyder
Interim Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to
Government Accountability Office (GAO) Draft Report
***“VA Health Care: Actions Needed to Improve Newly Enrolled
Veterans’ Access to Primary Care”***
(GAO-16-328)

GAO recommends that the Secretary of Veterans Affairs direct the Under Secretary for Health to take the following three actions:

Recommendation 1: Review VHA's processes for identifying and documenting newly enrolled veterans requesting an appointment and revise as appropriate to ensure that all veterans requesting appointments are contacted in a timely manner to schedule one; and implement an oversight mechanism to ensure VA medical centers are appropriately implementing the processes.

VA Comment: Concur. This recommendation is related to High Risk Area 2 (inadequate oversight and accountability) of GAO's High Risk Report. Strengthening the Veterans Health Administration's (VHA) oversight of contacting newly enrolled Veterans in a timely manner will increase our understanding of the impact of improved processes on the well-being of Veterans requesting appointments.

The Health Eligibility Center, Health Resource Center, and the Access and Clinic Administration Program will review and revise as appropriate the Veterans Health Administration's end-to-end process from enrollment to scheduling to ensure newly enrolled Veterans requesting an appointment are contacted in a timely manner. The review of the processes, information technology applications, and internal controls will include the oversight mechanism to ensure VA medical centers are appropriately implementing the processes. Target Completion Date: December 31, 2016.

Recommendation 2. Monitor the full amount of time newly enrolled veterans wait to be seen by primary care providers, starting with the date veterans requested they be contacted to schedule appointments. This could be accomplished, for example, by building on the data collection efforts currently being implemented under the “Welcome to VA” program.

VA Comment: Concur. This recommendation is related to High Risk Area 2 (inadequate oversight and accountability) of GAO's High Risk Report. Strengthening VHA's oversight of monitoring Veterans wait times will increase our understanding of the impact of improved processes on the well-being of Veterans requesting appointments.

The Health Eligibility Center, Health Resource Center, and Access and Clinic Administration Program will review current processes, information technology applications and internal controls, and revise these as necessary, to monitor the full amount of time newly enrolled Veterans wait to be seen by primary care providers. Target Completion Date: December 31, 2016.

Enclosure

Department of Veterans Affairs (VA) Response to
Government Accountability Office (GAO) Draft Report
***“VA Health Care: Actions Needed to Improve Newly Enrolled
Veterans’ Access to Primary Care”***
(GAO-16-328)

Recommendation 3. Finalize and disseminate a comprehensive national scheduling directive, which consolidates memoranda and guidance disseminated since July 2014 on changes to scheduling processes and procedures, and provide VA medical center staff appropriate training and support to fully and correctly implement the directive.

VA Comment: Concur. This recommendation is related to High Risk Area 1 (ambiguous policies and inconsistent processes) of GAO’s High Risk Report. VHA’s actions will clarify national policy to improve scheduling processes and procedures.

The national scheduling directive is in final review prior to going into concurrence. In July 2015, a Train-the-Trainer event was conducted with key scheduling supervisors from each facility to disseminate additional training on the changes to scheduling processes in the June 8, 2015, clarification memorandum. A total of 32,607 schedulers have been trained on the scheduling processes and procedures since July 2015. The July training is available on the Talent Management System (TMS) website for all schedulers. The Access and Clinic Administration Program in collaboration with the Employee Education System is currently revising the web-based TMS training to coincide with the clarification memo that was released on June 8, 2015. The web-based training is an interactive System Interface Models program for the scheduler staff. Target Completion Date: Directive in Concurrence May 1, 2016.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Debra A. Draper, (202)-512-7114 or draperd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Janina Austin, Assistant Director; Jennie F. Apter; Emily Binek; David Lichtenfeld; Vikki L. Porter; Brienne Tierney; Ann Tynan; and Emily Wilson made key contributions to this report.

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